

2 of 2

**FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS
TRANSCRIPT REQUEST AND INVOICE**

1. PURPOSE	1 <input type="checkbox"/> TRIAL 2 <input checked="" type="checkbox"/> APPEAL OF CONVICTION/SENTENCE 3 <input type="checkbox"/> OTHER _____	2. REQUESTING ATTORNEY MICHAEL L. HERMAN				
3. DOCKET NO.	4. COURT SOUTHERN DISTRICT OF TEXAS					
5. IN THE CASE OF U.S.A VS. DEREON TAYRONNE KELLEY						
6. PERSON REPRESENTED Dereon Tayronne Kelley						
7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal from judgment of conviction and sentence imposed on May 8, 2013.						
8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number) 05/06/13: Sentencing proceedings held before the Hon. Lynn N. Hughes (no docket entry #); 05/08/13: Sentencing proceedings held before the Hon. Lynn N. Hughes (no docket entry #).						
9. FEDERAL PUBLIC DEFENDER'S REQUEST						
<p>As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act.</p> <p style="text-align: right;"><i>[Signature]</i></p>						
<p style="text-align: right;">05/22/2013</p> <p style="text-align: right;">DATE</p> <p style="text-align: right;">(713) 718-4600</p> <p style="text-align: right;">TELEPHONE NUMBER</p>						
FPD ACCOUNTING DATA 13 092300 F05TXSF 2532 United States District Court Southern District of Texas FILED						
MAY 22 2013						
<i>David J. Bradley, Clerk of Court</i>						
10. SPECIAL REQUESTS						
<p>A. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript</p> <p>B. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal</p> <p><input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions</p>						
INVOICE						
11. COURT REPORTER/TRANSCRIBER STATUS		14. PAYEE'S ADDRESS				
<input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other						
12. FULL NAME OF PAYEE Fred Warner						
13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE		15. TELEPHONE NO.				
16. TRANSCRIPT INCLUDE PG. NOS.		NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$
						TOTAL CLAIMED: \$
17.						
18. CLAIMANT'S CERTIFICATION			I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.			
CLAIMANT'S SIGNATURE			DATE			
18.A. Clerk's Office Verification of No. of Pages & Rates:			Verified by: _____ (Signature) _____ (Date) _____			
19. APPROVED FOR PAYMENT:			AMT. APPROVED: \$ _____			
(Requesting Attorney, Federal Public Defender Office)			DATE			